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Introduction

This report is designed to enable health plans, Peer Review Organization representatives, Medical Assistance Administration (MAA), and others to monitor and evaluate the performance of Medicaid managed care and fee for service (FFS) programs in Washington State.

This report provides the history and background of the Medicaid CAHPS survey, the goals and objectives of the project, and plans to disseminate the survey results to consumers, health plans, and other stakeholders.

Project Background

The CAHPS survey tools were developed under cooperative agreements between Harvard Medical School, RAND, Research Triangle Institute and the Agency for Health Care Policy and Research. This is MAA's third year of implementing the CAHPS project in Washington State. The CAHPS survey includes separate versions for children and adults. The survey asks respondents about their experiences with, and evaluations of, various aspects of medical care, including:

- Getting Care Quickly
- Getting Needed Care
- Doctors Who Communicate Well
- Courteous and Helpful Office Staff
- Customer Service
- Overall Satisfaction with Health Plans

A copy of the survey instrument is available by calling (360) 725-1615 or by sending an e-mail request to dixon@dshs.wa.gov. Trend data over the past three years can be obtained from Can Du, Research and Evaluation Program Manager at (360) 725-1615.

Project Goals

The primary goal of this Medicaid CAHPS project is to assess the satisfaction of members with the health care and services they received through the Healthy Options and Fee-for-Service (FFS) programs.

- The survey was sponsored by the Washington State Medical Assistance Administration (MAA) to learn what members think about how the Healthy Options health plans and FFS providers are delivering health care and services.
- MAA is continuing to refine methods of sharing CAHPS survey results with its clients to assist them in selecting a health care plan.
- A summary of the survey results will be provided to Healthy Options members to assist them in selecting a health care plan. This summary report will be translated into seven languages.
- The survey was administered by mail and telephone. Summary methodology information can be found in section D.

How to use this report

This report is designed to allow health plans and other stakeholders to identify key opportunities for improving members health plan experiences. For this reason, the report focuses on comparisons of health plan performance with other health plans in the state. It also provides comparisons to summaries of responses from all members within the state of Washington. In general, detail about the responses to each question analyzed is displayed in the graphic formats.

Composites

When a survey covers many topics, a comprehensive report including results for each question can be overwhelming to readers. To keep the reporting of CAHPS survey results comprehensive, yet of reasonable length, CAHPS developed and tested groupings of related questionnaire items that are used to report most of the survey results. We call these groupings *composites*. Results for these composites can be more useful to readers than results for each question. Testing during the development of the CAHPS products showed that consumers found these composites easy to understand and were satisfied with the level of detail. This report is organized by composite, with each tab representing a different composite. Following the composite graph are graphs for each of the individual survey questions that make up that composite.

Statistical Significance

The bar graphs represent raw percentages of responses for all questions contributing to the composite. For Healthy Options plans, the case-mix adjusted mean of the categories of responses was computed for the individual plans as well as for the aggregate of all Healthy Options plans in the state. These adjusted means or scores were compared to determine statistically significant differences. P-values less than 0.05 were considered significant.

Stars were assigned to health plan scores to indicate whether the plan was significantly better or worse than the mean of all plans in the state. Plans with scores that are statistically *better than* the state mean are noted with three stars. Plans with scores that are statistically *worse than* the state mean are noted with one star. Plans with *average* scores are noted with two stars. The comparison groups on all graphs depict frequency distributions for survey data aggregated at the state level. Please refer to the Detailed Methodology for more information on the two statistical tests used.

For FFS, only bar graphs of the unadjusted percentage of the responses were presented because it is the sole plan and no comparisons can be made.

Case-Mix

As described above, the star ratings represent relative ratings of overall Healthy Options plan means. These scores are case-mix adjusted for age, education and self-reported health status.

Types of presentations in this report

Survey results are presented in several formats. The formats vary to provide you with information to help prioritize among the issues respondents raised in the survey. The report is set up to meet the needs of several different audiences. The Executive Summary will appeal to those interested in high-level summary data, while the remainder of the report presents more detailed data. The following types of presentations are included in this report:

Comparison Table: The tables in the Executive Summary provide you with a quick look at how health plans are doing on each of the five composites and four overall rating measures, as compared to other plans in the state. The stars illustrate statistically significant differences from the state mean.

Bar Graphs: A series of bar graphs beginning in Section E present summary (composite) and question-level results for all questions for which *Yes/No*, *Never/Sometimes/Usually/Always*, or *A Big Problem/A Small Problem/Not A Problem* responses were possible. Some survey items have a *0-10 rating scale* as response options. These items were recoded into three categories, so that the formats of the data entered into the significance tests were consistent across all questions.

Graphic displays in this report also provide comparative data from other plans in the state, as well as survey data aggregated at state level. Please note that bars without a number and % sign had less than or equal to 6% responding in that response category. Plans with fewer than 85 responses for a single survey item do not receive a bar.

How this report shows survey results: This report presents data in separate chapters for Healthy Options and FFS respondents as well as separate chapters for adults and children. The report presents a high-level summary table of the five composite scores followed by a summary table of the four overall ratings for each health plan. The next sections show the composite measures followed by the individual item scores.

Below is an explanation of how to read the bar charts contained in this report:

The page header displays the composite name.

The full question text is displayed at the top of each graph.

The key illustrates the response categories displayed in the graph.

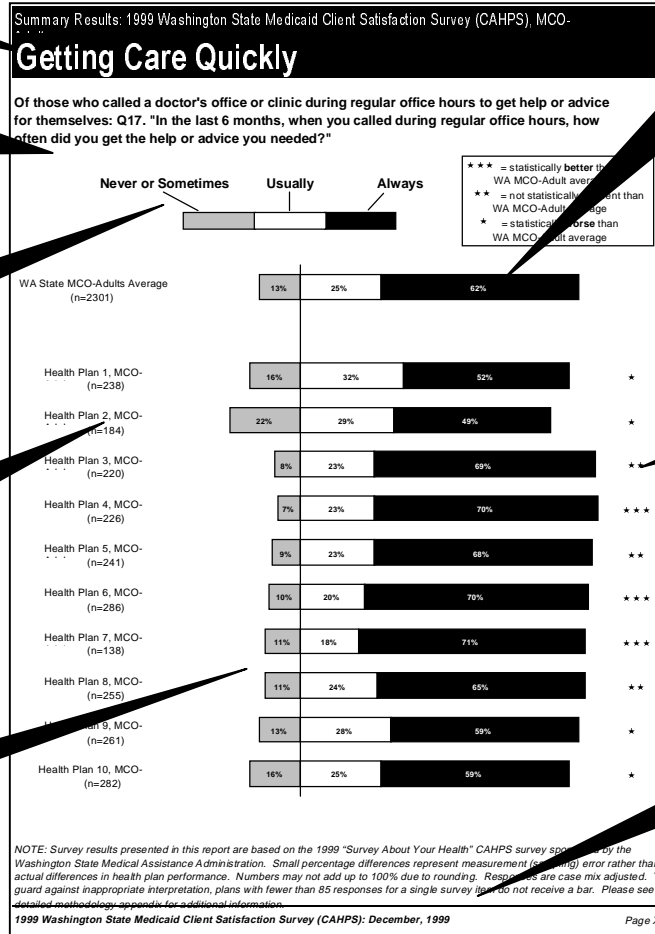
Plans are listed alphabetically by plan name, and include plan name, plan type and number of responses for each survey question.

Bars without a number and % sign had less than 5% responses in this response category.

The top bar is a frequency distribution for survey data aggregated at the state level.

Stars are used to denote performance that is statistically better or worse than the state mean. Three stars are better than the survey average, two stars are average and one star is below survey average.

Footnotes at the bottom of the page contain important information about interpreting the data, and where else to look in the report for more detailed information.



Summary Methodology

Sampling Methodology :

Questionnaires were mailed to a sample of 22,527 Healthy Options Health Plan members and Fee For Service Provider clients in July, 1999, (19,506 to Healthy Options and 3,021 to Fee For Service). Separate samples of adults and children from each of the 9 Healthy Options plans were randomly selected. The adult sample consisted of members 18 years or older at the time of the survey; the sample for children consisted of members who were 12 years and younger. The FFS adult sample consisted of adults 18 years and older, and for the FFS children there were two samples drawn (one sample was 12 years and younger, the other was between 13-17).

Number of respondents:

The overall response rate was 52.8%. The actual number of responses varied by question.

Administration protocol:

On July 9, 1999 a pre-notification letter was sent to 22,527 prospective respondents in nine Healthy Options Health Plans and one FFS sample. Questionnaires were then mailed to members on July 14, 1999 and reminder postcards were mailed approximately two weeks later. A second survey mailing went out on August 17, 1999. Questionnaires were mailed to members who had not responded by then to the first mailing. A second postcard was sent out on August 31, 1999, followed by phone call follow-ups with non-respondents beginning September 8, through October 17, 1999.

Types of questions:

This report presents data for four general types of survey questions:

- Questions that ask respondents to rate aspects of their care from "0 to 10," where 0="Worst possible" and 10="Best possible."
- Questions that ask respondents how often something happened, for which respondents could choose "Never," "Sometimes," "Usually," or "Always."
- Questions that ask if certain things were "A Big Problem," "A Small Problem," or "Not A Problem."
- Questions that ask whether something happened, for which respondents could choose "Yes" or "No."

Sample Characteristics

While it is natural to want to compare results between Healthy Options and Fee For Service (FFS) clients when similar questions are being asked, it is important to keep in mind that the two groups of clients are very different.

Healthy Options and FFS are both Medicaid programs, but they are very different health care delivery systems. Healthy Options provides clients a "medical home" and an assigned primary care provider who refers clients to specialists. The Medical Assistance Administration (MAA) does not obligate providers to see FFS clients and clients may be able to see specialists without a referral. In the FFS system, decisions about the authorization of care are made by the provider, the client, and MAA, not by a health plan.

Client characteristics between the two groups also differ in important ways: health status, age, sex, and health care and services utilization, etc. Some of these differences have been shown to affect client's experiences with and perceptions about health care and health care services. The table below presents a comparison of client characteristics between Healthy Options and FFS. The results are based on the current client satisfaction survey.

A comparison of sample characteristics between Healthy Options (HO) and FFS

Sample Characteristics	Pop.	HO	FFS
Self-reported health status/ "Poor"	Adult	5.3%	21.0%
Self-reported health status/ "Excellent"	Adult	12.1%	5.6%
Self-reported health status/ "Excellent"	Child	51.1%	13.2%
Women	Adult	90.5%	58.5%
Between 18 and 34 years old	Adult	53.3%	21.2%
Between 45 and 64 years old	Adult	14.7%	51.1%
"Never" been to Emergency room in 1999	Adult	73.6%	69.9%
"Never" been to Emergency room in 1999	Child	84.1%	75.4%
Visited PCP four or more times in 1999	Child	13.8%	31.8%
Visited PCP four or more times in 1999	Adult	34.7%	44.0%